

# BEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10814971

### CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	34	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	34 minus 20 =	14
INDEPENDENT CLAIMS	3 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

SMALL ENTITY TYPE	OTHER THAN OR SMALL ENTITY
RATE	FEES
BASIC FEE	385.00
XS 9=	<input type="checkbox"/>
X43=	<input type="checkbox"/>
+145=	<input type="checkbox"/>
TOTAL	<input type="checkbox"/>
OR	BASIC FEE 770.00
XS18=	252.10
X86=	<input type="checkbox"/>
+290=	<input type="checkbox"/>
OR TOTAL	1022.10

If the difference in column 1 is less than zero, enter "0" in column 2.

### CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	34	Minus	34 = <input checked="" type="checkbox"/>
Independent	2	Minus	3 = <input checked="" type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

SMALL ENTITY OR	OTHER THAN SMALL ENTITY
RATE	ADDI- TIONAL FEE
XS 9=	<input type="checkbox"/>
X43=	<input type="checkbox"/>
+145=	<input type="checkbox"/>
TOTAL ADDIT. FEE	<input type="checkbox"/>
OR	XS18=
OR	X86=
OR	+290=
OR TOTAL ADDIT. FEE	<input type="checkbox"/>

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total		Minus	= <input type="checkbox"/>
Independent		Minus	= <input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
XS 9=	<input type="checkbox"/>	XS18=	<input type="checkbox"/>
X43=	<input type="checkbox"/>	X86=	<input type="checkbox"/>
+145=	<input type="checkbox"/>	+290=	<input type="checkbox"/>
TOTAL ADDIT. FEE	<input type="checkbox"/>	TOTAL ADDIT. FEE	<input type="checkbox"/>

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total		Minus	= <input type="checkbox"/>
Independent		Minus	= <input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
XS 9=	<input type="checkbox"/>	XS18=	<input type="checkbox"/>
X43=	<input type="checkbox"/>	X86=	<input type="checkbox"/>
+145=	<input type="checkbox"/>	+290=	<input type="checkbox"/>
TOTAL ADDIT. FEE	<input type="checkbox"/>	TOTAL ADDIT. FEE	<input type="checkbox"/>
OR		OR	

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.